

00-*R*-1731

Entered - 09/06/00 - sb
CL00L0531 - DIANNE C. MITCHELL

CLAIM OF: RHAMON CLEVELAND,
through his insurance carrier,
Allstate Insurance Company
P. O. Box 168288
Irving, Texas 75016

For damages alleged to have been sustained as a result of a vehicular
accident on April 16, 2000 at North Avenue and Glen Iris Drive.

THIS ADVERSE REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0531

Date: October 10, 2000

Claimant /Victim RHAMON CLEVELAND
BY: (Ins. Co.) Allstate Insurance Company
Address: P. O. Box 168288, Irving, Texas 75016
Subrogation: X Claim for Property damage \$ 3,135.02 Bodily Injury \$ _____
Date of Notice: 08/28/00 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 04/16/00 Place: North Avenue and Glen Iris Drive
Department Public Works Division: Street Operations
Employee involved Richard Franklin Disciplinary Action: _____

NATURE OF CLAIM: The driver of the City vehicle failed to yield right-of-way and collided with the claimant's vehicle causing damages in the above amount. However, the claimant's wife and the owner of the vehicle has filed a lawsuit to resolve the issues raised in this claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver X Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

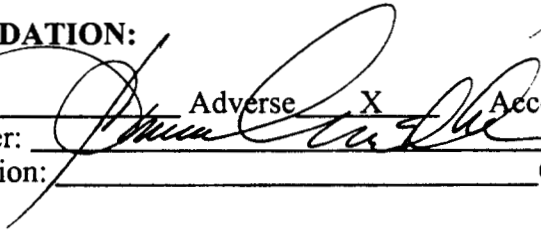
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 10-10-00
Committee Action: _____ Council Action _____

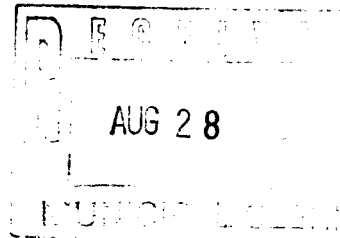
Allstate®

Mitchell
09/05/00

ALLSTATE INSURANCE COMPANY
P.O. BOX 168288
IRVING TX 75016

08/24/00

(800) 374-4246



ENTERED - 9-6-00 - SB

ATLANTA CITY COUNCIL, MUN. CLERK 00L0531 - DIANNE MITCHELL
55 TRINITY AVENUE
ATLANTA GA 30335

06-29-00A11:00 RVD

OUR INVESTIGATION INDICATES THAT YOUR INSURED WAS RESPONSIBLE
FOR THIS LOSS.

SINCE WE HAVE ALREADY MADE A SETTLEMENT WITH OUR POLICYHOLDER,
THE CLAIM HAS BEEN ASSIGNED TO US. COPIES OF THE FINAL PAPERS
RELATING TO THE LOSS ARE ENCLOSED.

PLEASE ACCEPT THIS LETTER AS NOTICE OF OUR SUBROGATION CLAIM.
PLEASE FORWARD YOUR PAYMENT WITH OUR CLAIM NUMBER TO:

ALLSTATE PAYMENT PROCESSING CENTER
P.O. BOX 227257
DALLAS, TX, 75222-7257

DIRECT ANY OTHER CORRESPONDENCE TO THE ADDRESS AT THE TOP
OF THIS LETTER.

SINCERELY,

CUSTOMER SERVICE

ALLSTATE INSURANCE COMPANY

CBP:G

YOUR FILE NO. : 00L0273
YOUR INSURED : CITY OF ATLANTA DEPT OF PUBLIC WORKS
ADDRESS : 68 MITCHELL ST SW
ATLANTA GA 30335

OUR CLAIM NO. : 6953248123 FY5
OUR INSURED : RHAMON CLEVELAND
LOSS DATE : 04/16/00

LOCATION :
00- R-1731 HAVE AT GLENN IRIS

ATLANTA

GA

AMOUNT OF LOSS: \$3,135.02